

Facility Name & ID Number Symphony Of Lincoln Park

0053694 Report Period Beginning: 01/01/17 Ending: 12/31/17

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,520	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	53,896	3,930	19,324	77,150	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	53,896	3,930	19,324	77,150	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.23%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 01/31/1992

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/31/1992 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 248 and days of care provided 9,914

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Symphony Of Lincoln Park # 0053694 Report Period Beginning: 01/01/17 Ending: 12/31/17

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	492,157	129,520	26,728	648,405		648,405	7,849	656,254		1
2	Food Purchase		542,915		542,915		542,915	(358)	542,557		2
3	Housekeeping	403,825		97,435	501,260		501,260	11,918	513,178		3
4	Laundry	81,209	26,477	14,076	121,762		121,762		121,762		4
5	Heat and Other Utilities			391,155	391,155		391,155	(22,853)	368,302		5
6	Maintenance	131,273		250,244	381,517		381,517	69,937	451,454		6
7	Other (specify):*							3,981	3,981		7
8	TOTAL General Services	1,108,464	698,912	779,638	2,587,014		2,587,014	70,474	2,657,488		8
	B. Health Care and Programs										
9	Medical Director			99,000	99,000		99,000		99,000		9
10	Nursing and Medical Records	6,034,684	451,510	146,354	6,632,548		6,632,548	166,950	6,799,498		10
10a	Therapy			2,460	2,460		2,460		2,460		10a
11	Activities	196,592		1,788	198,380		198,380		198,380		11
12	Social Services	229,498			229,498		229,498		229,498		12
13	CNA Training										13
14	Program Transportation			53,528	53,528		53,528	(1,639)	51,889		14
15	Other (specify):*							26,026	26,026		15
16	TOTAL Health Care and Programs	6,460,774	451,510	303,130	7,215,414		7,215,414	191,337	7,406,751		16
	C. General Administration										
17	Administrative	109,647		874,512	984,159		984,159	(794,764)	189,395		17
18	Directors Fees										18
19	Professional Services			332,236	332,236	(1,093)	331,143	289	331,433		19
20	Dues, Fees, Subscriptions & Promotions			57,267	57,267		57,267	(12,554)	44,713		20
21	Clerical & General Office Expenses	144,956	723	1,523,742	1,669,421		1,669,421	(962,019)	707,402		21
22	Employee Benefits & Payroll Taxes			1,457,524	1,457,524		1,457,524		1,457,524		22
23	Inservice Training & Education										23
24	Travel and Seminar			940	940		940	2,877	3,817		24
25	Other Admin. Staff Transportation			953	953		953	9,526	10,479		25
26	Insurance-Prop.Liab.Malpractice			633,033	633,033		633,033	6,165	639,198		26
27	Other (specify):*							59,561	59,561		27
28	TOTAL General Administration	254,603	723	4,880,207	5,135,533	(1,093)	5,134,440	(1,690,918)	3,443,522		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,823,841	1,151,145	5,962,975	14,937,961	(1,093)	14,936,868	(1,429,106)	13,507,762		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Symphony Of Lincoln Park

#0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			123,718	123,718		123,718	482,226	605,944			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			187,782	187,782		187,782	19,614	207,396			32
33	Real Estate Taxes			740,117	740,117	1,093	741,210	24,007	765,217			33
34	Rent-Facility & Grounds			3,113,309	3,113,309		3,113,309	(3,106,375)	6,934			34
35	Rent-Equipment & Vehicles			51,430	51,430		51,430	7,150	58,580			35
36	Other (specify):*											36
37	TOTAL Ownership			4,216,356	4,216,356	1,093	4,217,449	(2,573,379)	1,644,069			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		694,915	2,839,560	3,534,475		3,534,475	(22,705)	3,511,770			39
40	Barber and Beauty Shops			520	520		520		520			40
41	Coffee and Gift Shops			2,226	2,226		2,226		2,226			41
42	Provider Participation Fee			547,747	547,747		547,747		547,747			42
43	Other (specify):*	55,318		127,722	183,040		183,040	(183,040)	(0)			43
44	TOTAL Special Cost Centers	55,318	694,915	3,517,775	4,268,008		4,268,008	(205,745)	4,062,263			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,879,159	1,846,060	13,697,106	23,422,325		23,422,325	(4,208,231)	19,214,094			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(30,709)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	458,278	30		9
10	Interest and Other Investment Income	(11,871)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(277)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(3,000)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,166,557)	21		24
25	Fund Raising, Advertising and Promotional	(6,173)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(3,443,116)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,203,425)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(4,806)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (4,806)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (4,208,231)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

Symphony Of Lincoln Park

ID# 0053694

Report Period Beginning: 01/01/17

Ending: 12/31/17

Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

Reference

1	Purchase Discounts	\$ (81)	02	1
2	Sequestration	(146,517)	21	2
3	Director of Customer Experience	(55,318)	43	3
4	Bank Charges	(5,126)	21	4
5	Marketing Consultant	(87,944)	43	5
6	Marketing Materials	(39,654)	43	6
7	Damage Loss	(250)	21	7
8	Patient Need	(679)	10	8
9	Media Advertising	(125)	43	9
10	Sales Tax - Administrative	(1,274)	21	10
11	Additional R&M	34,466	06	11
12	Rent for Sale / Leaseback Arrangement	(3,113,309)	34	12
13	PAC Dues	(12,942)	20	13
14	Non-Allowable Legal	(14,364)	19	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,443,116)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Symphony Of Lincoln Park# 0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary				7,849								7,849	1
2	Food Purchase	(358)											(358)	2
3	Housekeeping				11,918								11,918	3
4	Laundry													4
5	Heat and Other Utilities	(30,709)		2,476	5,380								(22,853)	5
6	Maintenance	34,466		27,449	8,022								69,937	6
7	Other (specify):*			3,981									3,981	7
8	TOTAL General Services	3,399		33,906	33,169								70,474	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(679)		167,629									166,950	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation						(1,639)						(1,639)	14
15	Other (specify):*			26,026									26,026	15
16	TOTAL Health Care and Programs	(679)		193,655			(1,639)						191,337	16
	C. General Administration													
17	Administrative			(794,764)									(794,764)	17
18	Directors Fees													18
19	Professional Services	(14,364)		8,343	6,310								289	19
20	Fees, Subscriptions & Promotions	(22,115)		7,669	1,892								(12,554)	20
21	Clerical & General Office Expenses	(1,319,724)		300,512	57,193								(962,019)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,603	1,274								2,877	24
25	Other Admin. Staff Transportation			9,526									9,526	25
26	Insurance-Prop.Liab.Malpractice			3,610	2,555								6,165	26
27	Other (specify):*			59,561									59,561	27
28	TOTAL General Administration	(1,356,203)		(403,939)	69,224								(1,690,918)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,353,483)		(176,377)	102,393		(1,639)						(1,429,106)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Symphony Of Lincoln Park # 0053694 Report Period Beginning: 01/01/17 Ending: 12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	458,278		6,824	17,124								482,226	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(11,871)		16,397	15,088								19,614	32
33	Real Estate Taxes			4,370	19,637								24,007	33
34	Rent-Facility & Grounds	(3,113,309)		6,934									(3,106,375)	34
35	Rent-Equipment & Vehicles			4,972	2,178								7,150	35
36	Other (specify):*													36
37	TOTAL Ownership	(2,666,902)		39,496	54,027								(2,573,379)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(22,705)							(22,705)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(183,040)											(183,040)	43
44	TOTAL Special Cost Centers	(183,040)				(22,705)							(205,745)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(4,203,425)		(136,882)	156,420	(22,705)	(1,639)						(4,208,231)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6-Supplemental		See Page 6-Supplemental		See Page 6-Supplemental		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 UTILITIES	\$	MAESTRO CONSULTING SERVICES LLC	100.00%	\$ 2,476	\$ 2,476
16	V	6 MAINTENANCE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	21,959	21,959
17	V	6 MAINTENANCE EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	5,490	5,490
18	V	7 EMPLOYEE BENEFITS - MAINTENANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	3,981	3,981
19	V	10 CLINICAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	142,637	142,637
20	V	10 CONTRACT NURSING		MAESTRO CONSULTING SERVICES LLC	100.00%	24,992	24,992
21	V	15 EMPLOYEE BENEFITS - CLINICAL		MAESTRO CONSULTING SERVICES LLC	100.00%	26,026	26,026
22	V	17 ADMINISTRATIVE SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	79,748	79,748
23	V	19 PROFESSIONAL FEES		MAESTRO CONSULTING SERVICES LLC	100.00%	8,343	8,343
24	V	20 DUES, FEES, SUBSCRIPTIONS, ETC.		MAESTRO CONSULTING SERVICES LLC	100.00%	7,669	7,669
25	V	21 CLERICAL & GENERAL SALARIES		MAESTRO CONSULTING SERVICES LLC	100.00%	257,051	257,051
26	V	21 CLERICAL & GENERAL EXPENSES		MAESTRO CONSULTING SERVICES LLC	100.00%	43,461	43,461
27	V	24 SEMINARS AND EDUCATION		MAESTRO CONSULTING SERVICES LLC	100.00%	1,603	1,603
28	V	25 TRANSPORTATION		MAESTRO CONSULTING SERVICES LLC	100.00%	9,526	9,526
29	V	26 INSURANCE		MAESTRO CONSULTING SERVICES LLC	100.00%	3,610	3,610
30	V	27 EMPLOYEE BENEFITS - ADMINISTRATIVE		MAESTRO CONSULTING SERVICES LLC	100.00%	59,561	59,561
31	V	30 DEPRECIATION		MAESTRO CONSULTING SERVICES LLC	100.00%	6,824	6,824
32	V	32 INTEREST EXPENSE		MAESTRO CONSULTING SERVICES LLC	100.00%	16,397	16,397
33	V	33 REAL ESTATE TAX		MAESTRO CONSULTING SERVICES LLC	100.00%	4,370	4,370
34	V	34 BUILDING RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	6,934	6,934
35	V	35 EQUIPMENT RENTAL		MAESTRO CONSULTING SERVICES LLC	100.00%	1,155	1,155
36	V	35 AUTO LEASE		MAESTRO CONSULTING SERVICES LLC	100.00%	3,817	3,817
37	V						
38	V	17 MANAGEMENT FEE	874,512	MAESTRO CONSULTING SERVICES LLC	100.00%		(874,512)
39	Total		\$ 874,512			\$ 737,630	\$ * (136,882)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	<u>1</u> <u>DIETARY</u>	\$	<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	\$ <u>7,849</u>	\$ <u>7,849</u>
16	V	<u>3</u> <u>HOUSEKEEPING</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>11,918</u>	<u>11,918</u>
17	V	<u>5</u> <u>UTILITIES</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>5,380</u>	<u>5,380</u>
18	V	<u>6</u> <u>REPAIRS AND MAINT.</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>8,022</u>	<u>8,022</u>
19	V	<u>19</u> <u>PROFESSIONAL FEES</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>6,310</u>	<u>6,310</u>
20	V	<u>20</u> <u>FEES, SUBSCRIPTIONS</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>1,892</u>	<u>1,892</u>
21	V	<u>21</u> <u>CLERICAL AND GENERAL</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>57,193</u>	<u>57,193</u>
22	V	<u>24</u> <u>EDUCATION AND SEMINARS</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>1,274</u>	<u>1,274</u>
23	V	<u>26</u> <u>INSURANCE</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>2,555</u>	<u>2,555</u>
24	V	<u>30</u> <u>DEPRECIATION</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>17,124</u>	<u>17,124</u>
25	V	<u>32</u> <u>INTEREST</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>15,088</u>	<u>15,088</u>
26	V	<u>33</u> <u>REAL ESTATE TAXES</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>18,544</u>	<u>18,544</u>
27	V	<u>33</u> <u>RE TAX PROTEST FEES</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>1,093</u>	<u>1,093</u>
28	V	<u>35</u> <u>EQUIPMENT RENTAL</u>		<u>ITEX / AK CARE COMPANY</u>	<u>100.00%</u>	<u>2,178</u>	<u>2,178</u>
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			\$ 156,420	\$ * 156,420

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME & Medical Supplies	\$ 106,744	Integra Healthcare Equipment LLC		\$ 84,039	\$ (22,705)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 106,744			\$ 84,039	\$ * (22,705)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	14 Transportation	\$ 14,820	Lifeline Ambulance LLC		\$ 13,181	\$ (1,639)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 14,820			\$ 13,181	\$ * (1,639)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Workers Compensation	\$ 231,137	Maple Leaf Insurance	100.00%	\$ 231,137	\$	15
16	V	26 Liability Insurance	566,957	Maple Leaf Insurance	100.00%	566,957		16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 798,094			\$ 798,094	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Symphony Of Lincoln Park # 0053694 Report Period Beginning: 01/01/17 Ending: 12/31/17

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization MAESTRO CONSULTING SERVICES LLC
 Street Address 7257 N. LINCOLN AVENUE
 City / State / Zip Code LINCOLNWOOD, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	UTILITIES	AVAIL. CENSUS DAYS	1,835,856	28	\$ 50,076	\$ 90,768	\$ 2,476	1	
2	6	MAINTENANCE SALARIES	AVAIL. CENSUS DAYS	1,835,856	28	444,128	444,128	90,768	21,959	2
3	6	MAINTENANCE EXPENSES	AVAIL. CENSUS DAYS	1,835,856	28	111,048		90,768	5,490	3
4	7	EMPLOYEE BENEFITS - MAIN	AVAIL. CENSUS DAYS	1,835,856	28	80,529		90,768	3,981	4
5	10	CLINICAL SALARIES	AVAIL. CENSUS DAYS	1,835,856	28	2,884,957	2,884,957	90,768	142,637	5
6	10	CONTRACT NURSING	AVAIL. CENSUS DAYS	1,835,856	28	505,476		90,768	24,992	6
7	15	EMPLOYEE BENEFITS - CLINI	AVAIL. CENSUS DAYS	1,835,856	28	526,402		90,768	26,026	7
8	17	ADMINISTRATIVE SALARIES	AVAIL. CENSUS DAYS	1,835,856	28	1,612,976	1,612,976	90,768	79,748	8
9	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	1,835,856	28	168,752		90,768	8,343	9
10	20	DUES, FEES, SUBSCRIPTIONS,	AVAIL. CENSUS DAYS	1,835,856	28	155,112		90,768	7,669	10
11	21	CLERICAL & GENERAL SALA	AVAIL. CENSUS DAYS	1,835,856	28	5,199,066	5,199,066	90,768	257,051	11
12	21	CLERICAL & GENERAL EXPE	AVAIL. CENSUS DAYS	1,835,856	28	879,035		90,768	43,461	12
13	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	1,835,856	28	32,418		90,768	1,603	13
14	25	TRANSPORTATION	AVAIL. CENSUS DAYS	1,835,856	28	192,674		90,768	9,526	14
15	26	INSURANCE	AVAIL. CENSUS DAYS	1,835,856	28	73,017		90,768	3,610	15
16	27	EMPLOYEE BENEFITS - ADMI	AVAIL. CENSUS DAYS	1,835,856	28	1,204,673		90,768	59,561	16
17	30	DEPRECIATION	AVAIL. CENSUS DAYS	1,835,856	28	138,011		90,768	6,824	17
18	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	1,835,856	28	331,638		90,768	16,397	18
19	33	REAL ESTATE TAX	AVAIL. CENSUS DAYS	1,835,856	28	88,385		90,768	4,370	19
20	34	BUILDING RENTAL	AVAIL. CENSUS DAYS	1,835,856	28	140,244		90,768	6,934	20
21	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	1,835,856	28	23,351		90,768	1,155	21
22	35	AUTO LEASE	AVAIL. CENSUS DAYS	1,835,856	28	77,202		90,768	3,817	22
23										23
24										24
25	TOTALS					\$ 14,919,170	\$ 10,141,128		\$ 737,630	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization ITEX / AK CARE COMPANY
 Street Address 6633 N. LINCOLN AVE.
 City / State / Zip Code LINCOLNWOOD, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAILABLE BED DAYS	270,830	3	\$ 23,483	\$ 90,520	\$ 7,849	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	270,830	3	35,659	90,520	11,918	2
3	5	UTILITIES	AVAILABLE BED DAYS	270,830	3	16,097	90,520	5,380	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	270,830	3	24,000	90,520	8,022	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	270,830	3	18,878	90,520	6,310	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	270,830	3	5,661	90,520	1,892	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	270,830	3	171,117	90,520	57,193	7
8	24	EDUCATION AND SEMINARS	AVAILABLE BED DAYS	270,830	3	3,813	90,520	1,274	8
9	26	INSURANCE	AVAILABLE BED DAYS	270,830	3	7,643	90,520	2,555	9
10	30	DEPRECIATION	AVAILABLE BED DAYS	270,830	3	51,234	90,520	17,124	10
11	32	INTEREST	AVAILABLE BED DAYS	270,830	3	45,142	90,520	15,088	11
12	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	270,830	3	55,482	90,520	18,544	12
13	33	RE TAX PROTEST FEES	AVAILABLE BED DAYS	270,830	3	3,269	90,520	1,093	13
14	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	270,830	3	6,517	90,520	2,178	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 467,995	\$	\$ 156,420	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL 60126

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	DME & Medical Supplies	Direct Allocation		\$	\$		\$ 84,039	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 84,039	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Lifeline Ambulance LLC

Street Address

2424 S. Wabash Avenue

City / State / Zip Code

Chicago, IL 60616

Phone Number

(312) 949-9595

Fax Number

(312) 949-9262

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	14	Transportation	Direct Allocation		\$	\$		\$ 13,181	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 13,181	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization

Maple Leaf Insurance

Street Address

PO Box 69, 720 West Bay Rd

City / State / Zip Code

Grand Cayman, KY1-1102

Phone Number

(

Fax Number

(

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Workers Compensation	Direct		\$	\$		\$ 231,137	1
2	26	Liability Insurance	Direct					566,957	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 798,094	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694 Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1																				
2																				
3																				
4																				
5																				
Working Capital																				
6	RCA		X	Note Payable				474,804												
7	Private Bank		X	Line of Credit						187,782										
8																				
9	TOTAL Facility Related							\$ 474,804		\$ 187,782										
B. Non-Facility Related*																				
10	Interest Income		X							(11,871)										
11	Allocated from Maestro Consulting		X							16,397										
12	Allocated from Itex		X							15,088										
13																				
14	TOTAL Non-Facility Related									\$ 19,614										
15	TOTALS (line 9+line14)							\$ 474,804		\$ 207,396										

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Symphony Of Lincoln Park COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0053694
 CONTACT PERSON REGARDING THIS REPORT Steve Lavenda
 TELEPHONE (847) 282-6300 FAX #: (847) 282-6301

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 91,703 B. General Construction Type: Exterior Brick Frame Reinforced Concrete Number of Stories 6

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Claridge IVY, Ltd; Retirement apartment rentals; 119 units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1998</u>	<u>\$ 40,000</u>	<u>1</u>
2	<u>Allocated from 7257 N. Lincoln Ave.</u>		<u>2004</u>	<u>7,911</u>	<u>2</u>
3	TOTALS			\$ 47,911	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
248	1998	1984	\$ 14,437,336	\$	40	\$ 360,933	\$ 360,933	\$ 7,045,413	4
									5
									6
									7
									8
Improvement Type**									
Various		1992	60,378		20			60,378	9
Various		1993	59,308		20			59,308	10
Various		1994	10,638		20			10,373	11
Various		1995	43,191		20			43,191	12
Various		1996	43,699		20	1,114	1,114	44,813	13
Various		1997	62,177		20	1,529	1,529	62,177	14
Various		1998	86,071		20	4,304	4,304	83,928	15
Various		1999	130,173		20	6,509	6,509	120,416	16
Various		2000	176,095		20	8,805	8,805	154,022	17
Various		2001	40,770		20	2,039	2,039	32,781	18
Various		2002	41,086		20	2,055	2,055	32,612	19
Various		2003	96,832		20	4,848	4,848	70,227	20
Various		2004	126,481		20	6,275	6,275	85,555	21
Various		2005	290,744		20	14,536	14,536	178,743	22
Various		2006	427,610		20	21,381	21,381	243,021	23
Various		2007	238,023		20	11,904	11,904	122,808	24
Various		2008	128,721		20	6,436	6,436	60,469	25
Various		2009	205,324		20	10,266	10,266	87,263	26
Various		2010	174,646		20	8,731	8,731	65,490	27
Various		2011	306,184		20	15,309	15,309	84,200	28
Various		2012	61,808		20	3,090	3,090	16,998	29
Various		2013	55,306		20	2,770	2,770	12,465	30
									31
									32
									33
									34
									35
									36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67		28,336			1,417	1,417	4,959	67
68		829,129	19,154		22,436	3,282	569,731	68
69			123,718			(123,718)		69
70		\$ 18,160,066	\$ 142,872		\$ 516,688	\$ 373,816	\$ 9,351,342	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Symphony Of Lincoln Park# 0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 18,160,066	\$ 142,872		\$ 516,688	\$ 373,816	\$ 9,351,342	1
2	Thermal Ceramic Blanket Around Exhaust-Entire Exhaust Walls	2014	2,525		20	126	126	442	2
3	Data Plates On All Controlers, Elevators	2014	9,974		20	499	499	1,745	3
4	Fire Alarm System Repair	2014	4,121		20	206	206	721	4
5	Replace Marley Oem Cross Flow Nozzles, Fan Shafts, New Oil Lin	2014	3,455		20	173	173	605	5
6	Concrete Work And Pipe Repair	2015	6,250		20	313	313	938	6
7	Elevator Modernization Per Aia Documents	2015	238,600		20	11,930	11,930	35,790	7
8	Plat Survey, Document Research	2015	6,481		20	324	324	972	8
9	Install Lights And Outlets For Elevators	2015	4,400		20	220	220	660	9
10	Install Lights And Outlets For Elevators	2015	3,800		20	190	190	570	10
11	Room Remodel-Soffit,Wall Plastrers,Crown Moulding,Floor,Wall	2015	8,600		20	430	430	1,290	11
12	Semiprivate Resident Room-Floor,Wallpaper,Light Fixtures,Wind	2015	8,469		20	423	423	1,270	12
13	21 Fire Sprinklers - Shower Rooms Flrs 2-6, 1St Floor Data Room	2016	6,180		20	309	309	618	13
14	Permit For Upper Floor Renovation	2017	2,535		20	127	127	127	14
15	Architectural Oversight - 2Nd & 5Th Floor Construction	2017	6,200		20	310	310	310	15
16	Network Upgrade And Cable Clean-Up	2017	9,700		20	485	485	485	16
17	700Sq Ft Parking Lot Overlay	2017	2,500		20	125	125	125	17
18	Camera System - Remove Old Camera Cables	2017	4,925		20	246	246	246	18
19	Install 10 Additional Diffusers, 5 Additional Thermostats	2017	5,650		20	283	283	283	19
20	Signs & Banners - 115 Custom Ada Signs Installed	2017	7,953		20	398	398	398	20
21	Elevator Renovation - Install New Panels And Vinyl Floor	2017	8,530		20	427	427	427	21
22	1St And 2Nd Floor - Paint Hallway & Pt Room, Repair Ceilings, I	2017	21,810		20	1,091	1,091	1,091	22
23	Hvac - Repair Existing Wiring, New Wiring For Fan Coil, 5 New T	2017	9,500		20	475	475	475	23
24	Camera System Installation - Wiring And Drops For System	2017	27,892		20	1,395	1,395	1,395	24
25	Front Sliding Glass Door	2017	4,438		20	222	222	222	25
26	Chiller/Tower Replacement	2017	411,000		20	20,550	20,550	20,550	26
27	Telephone System Installation And Configuration	2017	70,169		20	3,508	3,508	3,508	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 19,055,723	\$ 142,872		\$ 561,471	\$ 418,599	\$ 9,426,603	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 19,055,723	\$ 142,872		\$ 561,471	\$ 418,599	\$ 9,426,603	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 19,055,723	\$ 142,872		\$ 561,471	\$ 418,599	\$ 9,426,603	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 19,055,723	\$ 142,872		\$ 561,471	\$ 418,599	\$ 9,426,603	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 19,055,723	\$ 142,872		\$ 561,471	\$ 418,599	\$ 9,426,603	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 19,055,723	\$ 142,872		\$ 561,471	\$ 418,599	\$ 9,426,603	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 19,055,723	\$ 142,872		\$ 561,471	\$ 418,599	\$ 9,426,603	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Paint hallway, lobby, 1st floor, 20 gal. paint, 8 rolls tape	2013	2,579		20	129	129	451	9
10	Paint office, reception office, activity room, beauty shop	2013	1,582		20	79	79	276	10
11	Dining room carpet, remove old and install new	2013	6,900		20	345	345	1,208	11
12	Dining room carpet, remove old and install new	2013	7,620		20	381	381	1,334	12
13	Sealcoat & re-stripe pavement - parking lot	2013	4,500		20	225	225	787	13
14	Elevator car 5 - install new breaks & adjust shoes	2013	5,155		20	258	258	903	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 28,336	\$		\$ 1,417	\$ 1,417	\$ 4,959	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 28,336	\$		\$ 1,417	\$	\$ 4,959	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 28,336	\$		\$ 1,417	\$	\$ 4,959	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Symphony Of Lincoln Park# 0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party		\$	\$		\$	\$	\$	1
2	Buildings:								2
3	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	2004	71,196	1,825	35	2,034	209	28,733	3
4	<u>Allocated from Itex - A.K. Care</u>	1993	536,125	13,747	35	15,318	1,571	376,563	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	2015	1,122	96	20	75	(21)	175	9
10	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	2005	6,490	46	20	233	187	4,759	10
11	<u>Allocated from 7257 N. Lincoln Ave. - Maestro</u>	2004	1,415		20	71	71	955	11
12									12
13	<u>Allocated from Maestro Consulting Services</u>	2003	579		20	29	29	409	13
14	<u>Allocated from Maestro Consulting Services</u>	2004	11,758		20	586	586	8,068	14
15	<u>Allocated from Maestro Consulting Services</u>	2005	697		20	35	35	448	15
16	<u>Allocated from Maestro Consulting Services</u>	2006	945		20	47	47	537	16
17	<u>Allocated from Maestro Consulting Services</u>	2008	996		20	50	50	461	17
18	<u>Allocated from Maestro Consulting Services</u>	2009	16,040		20	802	802	6,905	18
19	<u>Allocated from Maestro Consulting Services</u>	2010	2,465		20	123	123	925	19
20	<u>Allocated from Maestro Consulting Services</u>	2011	133		20	7	7	46	20
21	<u>Allocated from Maestro Consulting Services</u>	2012	148		20	7	7	43	21
22	<u>Allocated from Maestro Consulting Services</u>	2014	1,854		20	93	93	334	22
23	<u>Allocated from Maestro Consulting Services</u>	2015	521		20	26	26	61	23
24	<u>Allocated from Maestro Consulting Services</u>	2016	2,285	292	20	228	(64)	317	24
25	<u>Allocated from Maestro Consulting Services</u>	2017	306		20	15	15	15	25
26									26
27	<u>Allocated from Itex - A.K. Care</u>	1993	67,460	397	20		(397)	67,460	27
28	<u>Allocated from Itex - A.K. Care</u>	1994	36,234	943	20		(943)	36,231	28
29	<u>Allocated from Itex - A.K. Care</u>	1995	6,175	16	20		(16)	6,175	29
30	<u>Allocated from Itex - A.K. Care</u>	1996	350		20			350	30
31	<u>Allocated from Itex - A.K. Care</u>	1997	10,417	267	20	260	(7)	10,417	31
32	<u>Allocated from Itex - A.K. Care</u>	1999	1,157	30	20	58	28	1,099	32
33	<u>Allocated from Itex - A.K. Care</u>	2005	5,065		20	253	253	3,131	33
34	TOTAL (lines 1 thru 33)		\$ 781,933	\$ 17,659		\$ 20,350	\$ 2,691	\$ 554,617	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 781,933	\$ 17,659		\$ 20,350	\$ 2,691	\$ 554,617	1
2	Allocated from Itex - A.K. Care	2007	6,271	146	20	313	167	3,213	2
3	Allocated from Itex - A.K. Care	2008	23,901	613	20	790	177	7,565	3
4	Allocated from Itex - A.K. Care	2009	1,302	33	20	130	97	1,107	4
5	Allocated from Itex - A.K. Care	2010	2,782		20	139	139	1,026	5
6	Allocated from Itex - A.K. Care	2014	11,611	669	20	581	(88)	2,048	6
7	Allocated from Itex - A.K. Care	2016	1,329	34	20	133	99	155	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 829,129	\$ 19,154		\$ 22,436	\$ 3,282	\$ 569,731	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 240,484	\$ 925	\$ 23,692	\$ 22,767	10	\$ 75,873	71
72	Current Year Purchases	102,043	3,868	9,650	5,782	10	9,650	72
73	Fully Depreciated Assets	3,632,340		712	712	10	3,632,185	73
74								74
75	TOTALS	\$ 3,974,867	\$ 4,793	\$ 34,053	\$ 29,260		\$ 3,717,707	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		1994, 1998 Ford vans	1994	\$ 51,199	\$	\$	\$	5	\$ 51,199	76
77		2003 & 2007 Ford van	2003	58,606				5	49,856	77
78		2012 Ford bus	2012	52,095		10,419	10,419	5	57,305	78
79		Allocated from Maestro Consultii	2017	438				5	438	79
80	TOTALS			\$ 162,338	\$	\$ 10,419	\$ 10,419		\$ 158,798	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 23,240,839	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 147,665	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 605,943	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 458,278	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 13,303,108	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Renovation	\$ 1,302,274	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning: 01/01/17

Ending: 12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Main Street (sale/leaseback arrangement)

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		248		\$ 3,113,309			3
4	Additions				(3,113,309)			4
5	Allocated from Maestro Consulting				6,934			5
6								6
7	TOTAL		248		\$ 6,934			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 48,155 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2012 Infiniti G37	\$ 660	\$ 6,607	17
18	Allocated from Maestro Consulting			3,817	18
19					19
20					20
21	TOTAL		\$ 660	\$ 10,424	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
			Units	Cost			Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$ 1,074,012	\$				\$	1,074,012	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					443,283						443,283	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39 - 03	hrs					1,059,681						1,059,681	4	
5	Physician Care		visits												5	
6	Dental Care		visits												6	
7	Work Related Program		hrs												7	
8	Habilitation		hrs												8	
9	Pharmacy	39 - 02	# of prescripts							466,494				466,494	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Other (specify):														12	
13	Other (specify):							262,584		228,421				491,005	13	
14	TOTAL			\$				\$ 2,839,560	\$	694,915			\$	3,534,475	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 60,882	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	7,844,737		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	164,655		6
7	Other Prepaid Expenses	693,274		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,763,548	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,579,691		15
16	Equipment, at Historical Cost	310,647		16
17	Accumulated Depreciation (book methods)	(145,439)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	2,960,542		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,705,441	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,468,989	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 4,214,604	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	58,882		28
29	Short-Term Notes Payable	474,804		29
30	Accrued Salaries Payable	594,260		30
31	Accrued Taxes Payable (excluding real estate taxes)	54,136		31
32	Accrued Real Estate Taxes(Sch.IX-B)	711,307		32
33	Accrued Interest Payable	1,580		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule</u>	10,460,496		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 16,570,069	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 16,570,069	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,101,080)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 13,468,989	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (640,381)	1
2	Restatements (describe):		2
3	Equity Restatement	(16,534)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (656,915)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,444,165)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,444,165)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (3,101,080)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Symphony Of Lincoln Park# 0053694Report Period Beginning: 01/01/17Ending: 12/31/17**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 19,470,199	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 19,470,199	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,419,006	6
7	Oxygen	21	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,419,027	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	81	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,314	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,590	19
20	Radiology and X-Ray	122	20
21	Other Medical Services	243	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,350	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	11,871	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,871	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	73,713	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 73,713	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,978,160	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,587,014	31
32	Health Care	7,215,414	32
33	General Administration	5,135,533	33
B. Capital Expense			
34	Ownership	4,216,356	34
C. Ancillary Expense			
35	Special Cost Centers	3,720,261	35
36	Provider Participation Fee	547,747	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 23,422,325	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,444,165)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,444,165)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,059,267	44
45	Private Pay - Net Inpatient Revenue	1,107,311	45
46	Medicare - Net Inpatient Revenue	5,718,115	46
47	Other-(specify) <u>MAIP/Hospice</u>	2,065,529	47
48	Other-(specify) <u>Managed Care</u>	2,519,977	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 19,470,199	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Symphony Of Lincoln Park

0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,933	2,025	\$ 117,570	\$ 58.06	1
2	Assistant Director of Nursing	1,915	1,987	85,664	43.11	2
3	Registered Nurses	53,731	57,863	1,982,951	34.27	3
4	Licensed Practical Nurses	56,740	60,680	1,734,848	28.59	4
5	CNAs & Orderlies	134,025	146,955	2,000,059	13.61	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,848	2,029	43,060	21.22	9
10	Activity Assistants	10,452	12,273	153,532	12.51	10
11	Social Service Workers	10,048	10,669	229,498	21.51	11
12	Dietician					12
13	Food Service Supervisor	2,880	3,111	69,597	22.37	13
14	Head Cook	9,117	10,035	132,054	13.16	14
15	Cook Helpers/Assistants	21,228	23,890	290,506	12.16	15
16	Dishwashers					16
17	Maintenance Workers	7,638	8,351	131,273	15.72	17
18	Housekeepers	31,029	34,604	403,825	11.67	18
19	Laundry	6,480	7,187	81,209	11.30	19
20	Administrator	1,865	1,949	103,767	53.24	20
21	Assistant Administrator	174	193	5,880	30.47	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,534	7,144	144,956	20.29	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,586	4,033	71,637	17.76	31
32	Other Health Care(specify)					32
33	Other(specify)	4,283	4,811	97,273	20.22	33
34	TOTAL (lines 1 - 33)	365,506	399,789	\$ 7,879,159 *	\$ 19.71	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 26,728	01-03	35
36	Medical Director	Monthly	99,000	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	113,863	10-03	38
39	Pharmacist Consultant	Monthly	28,141	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	Monthly	2,460	10a-03	42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,788	11-03	44
45	Social Service Consultant				45
46	Other(specify) <u>Psychiatric</u>	Monthly	750	10-03	46
47	<u>Dental Consultant</u>	Monthly	3,600	10-03	47
48					48
49	TOTAL (lines 35 - 48)		\$ 276,330		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Moshe Siegal	Administrator	0	\$ 103,767	Workers' Compensation Insurance	\$ 238,885	IDPH License Fee	\$	
Moshe Pretter	Assistant Admin	0	5,880	Unemployment Compensation Insurance	143,080	Advertising: Employee Recruitment	190	
				FICA Taxes	602,755	Health Care Worker Background Check (Indicate # of checks performed 654)	6,541	
				Employee Health Insurance	437,029	Patient Background Checks	315	
				Employee Meals		Dues & Subscriptions	15,659	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses & Permits	9,612	
				Pension Plan	10,402	Allocated from Maestro Consulting	7,669	
				Employee Physical Exams	11,319	Allocated from Itex	1,892	
				Other Employee Benefits	14,054			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 109,647			Less: Public Relations Expense	()	
B. Administrative - Other						Non-allowable advertising	()	
Description			Amount			Yellow page advertising	()	
Management Fees - Maestro			\$ 874,512					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 874,512	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,457,525	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 44,714	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
See Attached	Legal		\$ 27,318			\$	Out-of-State Travel	\$
Marcum LLP	Accounting		13,589					
RSM	Accounting		3,354					
Achieve Accreditation	Accreditation		12,142				In-State Travel	
Personnel Planners	Unemployment Consulting		2,109					
National Datacare Corporation	Data Processing		1,936					
Resolute Healthcare Solutions	Operations Consulting		4,828				Seminar Expense	940
MTS Consulting	Tax Consulting Services		2,849				Allocated from Maestro Consulting	1,603
LTC Consulting	Management Consulting		30,999				Allocated from Itex	1,274
Health Dimensions Group	Senior Care Consulting		222					
Care Cost	Cost Management		1,731				Entertainment Expense	()
See Supplemental Schedule			231,159					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 332,237	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 3,817

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Symphony Of Lincoln Park# 0053694

Report Period Beginning:

01/01/17

Ending:

12/31/17**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$25,883
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,621 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? Yes
If YES, give effective date of lease. 11/01/2015
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES X NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
The Imperial Grove Pavilion # 37754
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 547,747
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100% Ln 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees